

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050646

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 372

Primary Registration District No. 10269475

Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JAN 6 1964

1. PLACE OF DEATH

a. COUNTY Webster

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Ozark TownshipLength of stay in lb
30 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Marshfield R 1Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Webster

c. CITY OR TOWN Marshfield

Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
MarshfieldReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Charles William Losey4. DATE OF DEATH
Month Day Year
Dec 29, 635. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12/16/18909. AGE (last birthday)
73IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farming11. BIRTHPLACE (City and state or country)
St John, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

J.S. Losey

13b. MOTHER'S MAIDEN NAME

Sarah Howser

14. NAME OF HUSBAND OR WIFE

Eulalia Losey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
yes 1912-1915

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Eulalia Losey, Marshfield

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion, Acute

INTERVAL BETWEEN
ONSET AND DEATH

Few minutes

DUE TO (b)

Arteriosclerosis, Gen & Coronary. 7 years

DUE TO (c)

Hypertension, Vascular. 7 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954 to Dec. 27, 1963 and last saw him alive on Dec. 27, 1963
Death occurred at 5:30 P.M. P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C.R. Macdonald, M.D. Marshfield, Mo.

22b. ADDRESS

22c. DATE SIGNED

12/31/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE

12/2/64

23c. NAME OF CEMETERY OR CREMATORY

Green Lawn

23d. LOCATION (City, town, or county)

Springfield, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Smith Funeral Home, Mt Vernon, Mo.

25. DATE RECD. BY LOCAL REG.

12/31-63

26. REGISTRAR'S SIGNATURE

J. L. Laramie

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

JAN 28 1964

1130-
1131

108

0-014

or by _____, Student Embalmer No. _____

Student _____

Signed N. A. K. / Baker

P. O. Address Sarnia, Ont.

If this body is not embalmed, fact should be so stated above.